Name in Full John E. Cole

Certificate of Death

Died at Town Centreville County 2. a MARYLAND

Date 189 9 Month 11 Day 4 | Age Y. 67 M. 10 D. 3 | Native of Md | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Mrs Annie Cole 99

Father's Name — Mother's Name —

Cause of Death: Primary Interstitial Nephritis — How long sick 8 or 9 yrs

Immediate Cerebral Hemorrhage — Accident, Suicide, Homicide

Reported by J M Corkran

Address Centreville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Annie Downs

Died at Town Bailly County Queens County MARYLAND

Date 1899 Month November Day 23 Age Y. 78 M. D. Native of Maryland Occupation unknown

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored Single ~~Widower~~ Number of children living One

Husband / Wife of Unknown

Father's Name Unknown Mother's Name Unknown

Cause of Death: Primary No Physician — How long sick 4 weeks

Immediate Old age — Accident, Suicide, Homicide

Reported by Bradley & Clarke

Address Crumkton Md ~~Bradley & Clarke~~

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Wm T. Golt

Certificate of Death

Died at Near Town Centreville County Q Annes MARYLAND

Date 1899 Month Nov. Day 13 | Age Y. 48 M. D. | Native of Q A Co | Occupation Farming

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living one

Husband ~~Wife~~ of Fannie Glanville

Father's Name —

Mother's Name —

Cause of Death: Primary Cirrhosis of the liver 90 | How long sick 2 years

Immediate Hemorrhage —

Accident, Suicide, Homicide

Reported by Jos Bordley

Address Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full Rebecca Jones

Certificate of Death

Died at Near Town Centreville County Q. A. Co MARYLAND

Date 1899 Month Nov. Day 7th Y. M. D. Age 64 Native of Occupation

~~Male~~ White " ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~ 0

Husband of Wife X

Father's Name —— Mother's Name —— 57

Cause of Death { Primary Mitral Obstruction How long sick Several years

Immediate Cardiac failure ~~Accident, Suicide, Homicide~~

Reported by Jas Bordley 7-9/19

Address Centreville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Mary Lawrence

Died at Town: Alms House County: Queen Annes Co MARYLAND

Date 1894 Month: Nov Day: 14 | Age Y. M. D.: 25 | Native of: 2 Annes Co | Occupation: Pauper

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower ~~Number of children living~~

~~Husband~~ Wife of no one

~~Father's~~ Name ~~Mother's~~ Name 97

Cause of Death: Primary Brights disease Kidneys | How long sick 6 months

Immediate General debility | Accident, Suicide, Homicide

Reported by J H Holton M D

Address Centreville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Norman Porter

Certificate of Death

Died at Town near Centreville County Q A Co MARYLAND

Date 1899 Month Nov. Day 6th Y. M. D. Age 74 Native of Q A Co Occupation Farming

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living One

Husband of ~~Wife~~ Lena Warren

Father's Name Jas E Porter Mother's Name 22 f

Cause of Death: Primary acute Miliary Tuberculosis How long sick 6 or 8 weeks to my knowledge

Immediate Hemoptysis ~~Accident, Suicide, Homicide~~

Reported by Jas Bordley

Address Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65065

Name in Full — Certificate of Death

Elizabeth Rittenhouse

Died at Town: Ingleside — County: A. A. — MARYLAND

Date 189 9 — Month: Mar. — Day: 15 — Age: Y. 78 M. D. — Native of: Md — Occupation: Lady

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living 3

Husband / Wife of Abraham L. Rittenhouse

Father's Name: Solomon Hynson — Mother's Name:

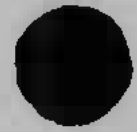
Cause of Death — Primary: old age — Immediate: Inguinal Abscess — How long sick: 15 days — ~~Accident, Suicide, Homicide~~

Reported by Jas Rittenhouse M. D.

Address Ingleside A. A. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON



Name in Full: John Sanderson

Certificate of Death

Died at: Town: Near Church Hill County: Queen Ames MARYLAND

Date 1899 Month: 11 Day: 16 Age: Y. 55 M. D. Native of: Pa Occupation: Laborer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living: 3

Husband / Wife of: Mary Powell 161

Father's Name: Not known Mother's Name: Not known

Cause of Death: Primary: Not known

Immediate: Suppose to be heart disease only, saw after death

How long sick

Accident, Suicide, Homicide

Reported by: J K Brown Undertaker

Address: Church Hill J H B G. Wood

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mrs. Mary Lerard

Died at Church Hill (Town) Queen Anne (County) MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
9	7	72				

Date 189 11

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 11

~~Husband~~ Wife of T. Frank Lerard

Father's Name

Mother's Name 161

Cause of Death { Primary Complications of diseases | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Denton Journal 11-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Samuel A. Sparks

Certificate of Death

Died at Town Kent Island County Queen Anne's MARYLAND

Date 1899 Month Nov. Day 11 Age Y. 74 M. 0 D. 0 Native of Md. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband ~~Wife~~ of Susan Godwin 57

Father's Name Will Furnish Mother's Name Will Furnish

Cause of Death Primary Organic Heart Disease & Complications How long sick about 6 mo.

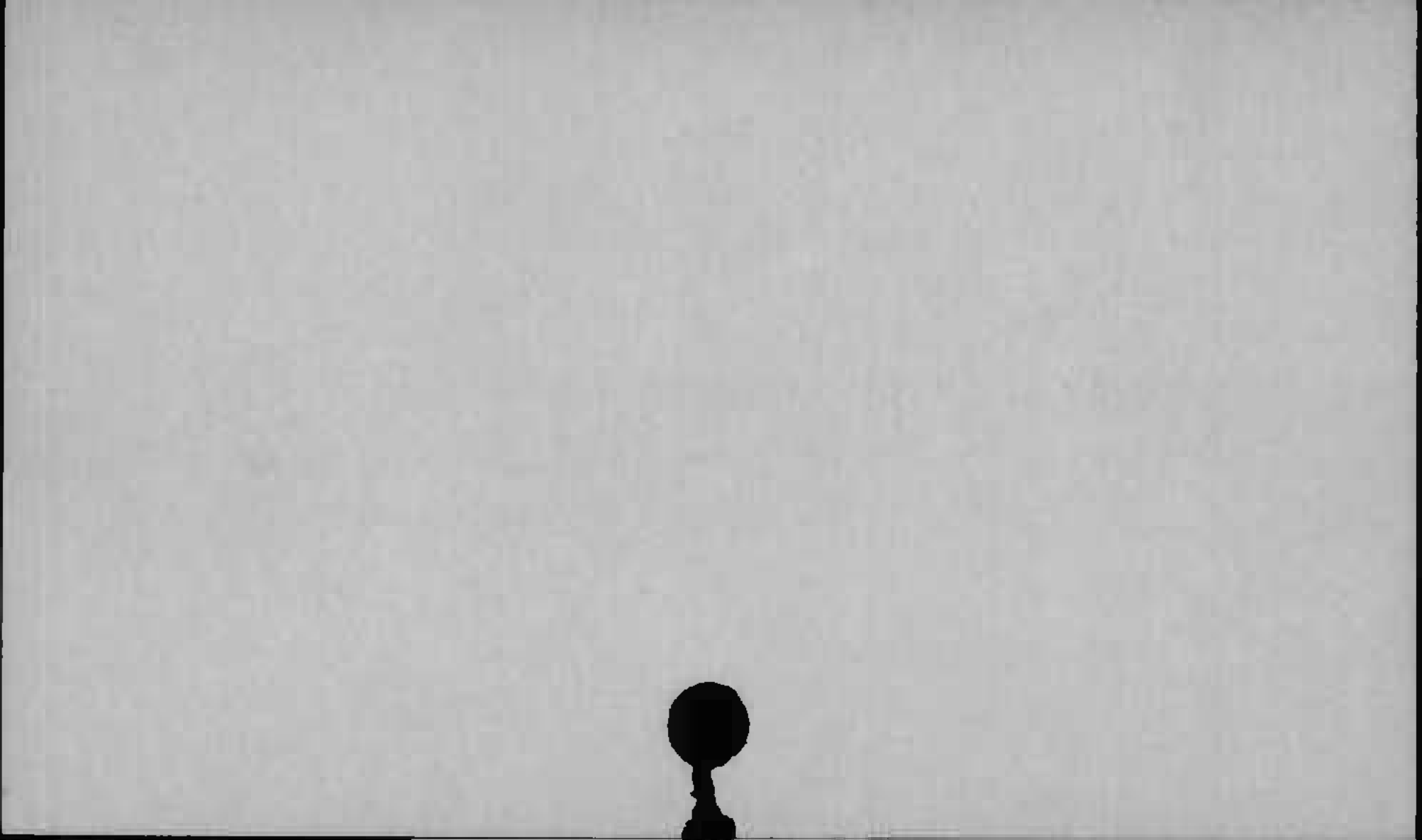
Immediate Dropsy & Exhaustion ~~Accident, Suicide, Homicide~~

Reported by C. Percy Kemp M.D.

Address Kent Island Maryland.

Must be signed by physician, if any in attendance, otherwise [illegible] oroner, undertaker or minister.

LIBRARY BUREAU, [illegible]



Name in Full

Certificate of Death

Mrs. Clandia Van Dyke

Died at Town: Centreville County: Queen Anne MARYLAND

Date 189 9 | Month: 11 | Day: 10 | Age: Y. 38 M. D. | Native of | Occupation

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~

Number of children living

Husband / Wife of Harry E. Vandyke 161

Father's Name Wm T. Causey

Mother's Name

Cause of Death: Primary Complication of disease — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Centreville Observer 12-14

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79B98

Name In Full

Mina Wiggins

Certificate of Death

Died at Town: Kent Island County: Queen Anne's MARYLAND

Date 1899 Month: 11 Day: 9

Age Y. 31 M. 6 D. 30

Native of Denton Md. Occupation Housewife

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living 4

~~Husband~~ Wife of John Henry Wiggins

Father's Name Wm Passapa

Mother's Name Mina Passapa

Cause of Death — Primary: Typhoid Fever

How long sick 12 wks.

Immediate: Exhaustion

~~Accident, Suicide, Homicide~~

Reported by C. Percy Kenny M.D.

Address Kent Island Queen Anne's Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full — Certificate of Death

David Wilson

Died at Town: Templeville County: Queen Anne MARYLAND

Date 189 9 Month: 10 Day: 26 Age Y. 76 M. 7 D. 26 Native of Pa. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband ~~Wife~~ of Emma Wilson 97

Father's Name Joshua Wilson Mother's Name Rachael Wilson

Cause of Death: Primary Bright's disease How long sick 2 yrs

Immediate Exhaustion ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Jas. E. Gulley

Address Templeville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM